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Help for Families of a Depressed Person

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Foreword

One of your loved ones is crying for help. And you, as you offer help, are crying too. Willing as you may be to stand by faithfully and lovingly, you are nevertheless on duty 24 hours a day, 7 days a week, in a setting not of your own choosing or making.

Apart from occasional visits and offers of assistance from others, the daily burden of care falls on you. It doesn't take long before your resources are drained and you cry for relief. If only someone understood your special needs. It's not that you want to abandon your station at the side of your loved one, but even those who care for patients grow weary and dispirited. The helper needs help, too.

This booklet, written by someone in a position similar to yours, is intended to offer you encouragement, support, and suggestions for outside assistance and understanding. It means to lift your eyes to your ever-present Helper and to open up avenues of communication with counselors and others in like circumstances.

Your cries for help have been heard.

— The Publisher

1

Depression: A Common Occurrence

On arrival at their new home, eight-year-old Jason, his recently divorced mother, and her new husband learned that the husband's father had passed away very suddenly. Jason's parents insisted that he attend the funeral even though he felt reluctant to do so.

That night Jason awakened, perspiring, screaming, his arms flailing.

His mother rushed to his room. "Jason! Jason! Calm down. You must have had a nightmare." She tucked the covers around her son saying, "Everything is going to be all right."

But everything wasn't all right. The nightmare had done something to the boy. In the days that followed he became morose, withdrawn, and subject to sudden tantrums and nights when he cried himself to sleep.

Robert, a teenager, survived an automobile accident in which his friend, whom he had urged to gun the motor to its limit, was killed. Unable to forgive himself, he refused to see his friends, skipped school, and spent endless hours in his bedroom brooding about what might have been.

Karl, a man in his 40s, had spent most of his working years in an automobile plant. Then suddenly the economy crunch caused him to lose his job. Because of his special training, he felt incompetent to take other work. He grew depressed, worrying about keeping the wolf from his family's

door. He had trouble sleeping. Melancholy made him uncommunicative.

An elderly man suffered a severe stroke. His wife cared for him as long as she could. Finally her husband's condition deteriorated to the point where she was forced to place him in a nursing home. Weariness, loneliness, and the haunting suspicion that people thought her uncaring sent her into deep depression.

All of these individuals suffered from the malady called depression. In each instance their sadness could not be called transient. It was deep-seated and prolonged.

And in each instance concerned persons — relatives or friends — stood by and tried to help. Jason's mother was forced to seek counsel to learn how she could handle the situation.

Robert's parents were afraid he might do something drastic if he continued to brood as he did. Wisely they sought professional help for their son. They reinforced this concern with prayer, love, and understanding.

Karl's wife tried to build new confidence in her husband. She encouraged the children to economize. A son who attended college away from home returned to complete his work at a local university, thus cutting room and board expenses.

When a low-paying job opened up, she encouraged her husband to take it. "Who knows," she said, "it may lead to something better." It did. Today the man is well situated in a sales program for which the less-paying job had prepared him.

Friends of the stroke victim's wife went out of their way to provide diversions for their friend and to help her understand that she had acted wisely in placing her husband where he could receive care that she wasn't able to give him. A retired clergyman offered a listening ear.

As indicated by the title, this booklet is written for you who seek to alleviate, as quickly as possible, the trauma that causes your loved one or friend so much suffering. In striving to be of help, you will want to know as much as you can about depression and methods of coping.

What is Depression?

The National Association of Mental Health describes depression as "an emotional state of dejection and sadness, ranging from mild discouragement and downheartedness to feelings of hopelessness and despair."

A prominent psychiatrist says, "Depression is exaggerated sadness coupled with pessimism. . . . Pessimism is the essential component that distinguishes depression from the ordinary 'low' feelings we experience from time to time. The depressed person is not simply sad; he has the impression the depression will persist indefinitely regardless of what he does about it."

Depression has been categorized in many different ways. In trying to simplify these classifications, clinicians have suggested that, with the exception of depression caused by brain damage, Parkinson's disease and other similarly debilitating diseases, the illness be classified as mild, moderate, and severe, with variations in each category.

Whatever the classification, depression is widespread. The American Psychiatric Association estimated 4 to 9 million persons seek professional help for depression each year. No one knows how many who, though depressed, try to cope without outside help. The figure, is certainly staggering.

Yet depression is not a modern phenomenon. Most books and articles exploring the subject refer to well-known historical personalities who suffered from deep and often prolonged periods of melancholy and despair. Novelists F. Scott Fitzgerald and Fyodor Dostoevsky were known to have been chronically depressed. Unable to cope with his melancholy, artist Vincent Van Gogh took his own life. Some

historians appraising Abraham Lincoln's sad-faced portraits believe that he suffered from sustained depression.

Further, we have come to realize that no one is immune. Depression invades the lives of persons in every walk of life — heads of state (of which Churchill is a good example); physicians; psychiatrists; instructors; politicians (recall the amount of publicity given to Senator Thomas Eagleton, George McGovern's 1976 first vice-presidential choice, when it became known that he had sought medical help for depression on three different occasions); clergymen; blue-collar workers; farmers; etc.

Depression affects every age group: infants; young children; teenagers; young adults; mature adults; the aged. Many may reach the point where life seems so hopeless and full of despair that they take their own lives.

It is believed that the female hormone, estrogen, can affect the balance of chemicals that control a woman's moods. In some instances women who take the pill admit to depression as a side effect.

When a woman's child-rearing years are over, she may suffer from the "empty nest" syndrome, and unless she finds some satisfying activity that reinforces her worth she may sink into depression.

It may be that because men are much more active in work outside the home and in sports, they suffer less loneliness and melancholy. But men age, grow bald, lose their virility, feel unfulfilled, make unwise financial investments, or suffer debilitating illness — anyone of which may cause depression.

Christians who are depressed suffer as much, sometimes more than persons who have no faith. There's a reason why this is true. Christians are supposed to be cheerful people. Today's emphasis on happiness, optimism, and prosperity can cause depressed Christians to believe that they lack faith if they feel badly. They may feel ashamed because they have been caught in a net of despair.

Even the Bible names a great many people who found life unbearable and who felt worthless and lonely. David, for

instance, knew what it meant to be depressed. He cried, "O my soul, why are you so distressed? How long will this daily sorrow last? Forever?"

"How long will you forget me, God?"

"The troubles of my heart are increased. O lift me out of my distress. Look at my afflictions and forgive my sins."

Who can question Job's right to despair? Stripped of all of his possessions and forced to endure excruciating pain and mental anguish, he cried, "I'm tired of living! I can't stand this sorrow and bitterness. Why was I born?"

Elijah asked God to let him die. Saddened and discouraged because some of the Israelites had begun to worship Baal, he felt alone, worthless, and defeated. He told God, "I am the only one who is left." (An assumption that God quickly negated.)

2

Depression: How It Manifests Itself

Depressions' Spectrum

How does a person know when a loved one or a friend is suffering from mild, moderate, or severe depression?

One way is to apply the tests that have been developed for that purpose. The three with which I am most familiar are:

- (1) *A Self-Rating Depression Scale* developed by psychiatrist D. William Zung © Copyright 1965, American Medical Association;
- (2) a test devised by Dr. Jean Endicott, New York State Psychiatric Institute;
- (3) a test prepared for children by Dr. Mary Ann Tabrizi, Columbia Medical School.

By encouraging your friend or relative to fill in the blanks of one of these tests you may be able to determine the range of depression and together decide how to proceed.

Most often, however, no one needs to tell a depressed person the extent of his or her distress.

Mild Depression

For most persons, feeling "blue" involves some minor disappointment, loneliness, or stress that causes them to say, "I wouldn't want to live through another week (or month) like that!" "Talk about mountains of problems, I've had them!"

Everyone feels blue or melancholy at one time or other. Sometimes we recognize the cause, at other times the depression seems to evolve out of thin air.

It's natural to become downcast when we feel overly tired, thwarted, or discouraged because our plans don't work out as we expect them to. Occasionally circumstances throw us into a period of "blues." During the time my husband traveled extensively as an evangelist for our denomination, I usually felt lonely and bereft the first few days he was gone. I worried about being both mother and father to our children. But by the time he returned the gloom had dissipated.

Deflated pride, a blow to one's ego, the letdown feeling after a rewarding vacation, even the thought of unpacking and getting everything back in place can instigate a bout of blues.

Peggy, a young business woman, wondered why she always felt sad when the church choir sang a particular anthem. One day she realized that the anthem had been a favorite of a much admired aunt who had suffered a great deal of pain before she died.

Depression can recur. A person who has had a siege of depression is more likely to have another than a person who has never suffered similarly.

A woman whose father deserted his family when she was eight, told me how much she missed him at Christmas time. "Even now," she said, "though I celebrate the holiday with my children and grandchildren, I find myself feeling bereft, as if something very important is missing."

Moderate Depression

Moderate depression resembles mild depression except that it is felt more intensely. It may interfere with a person's family life or with the handling of job responsibilities. But as a rule the ability to carry on normal activities remains intact.

A loss or an upsetting event usually triggers moderate depression. Persons affected engage in a melancholy brooding. They may find it hard to put out of their minds the loss or event that caused their sadness.

Moderate depression may last longer than mild depression. A typical example is that of a widow who isn't able to lay

aside the grief she feels because her husband has been taken from her. Another may involve one of two brothers who suffers because his parents demean him by comparing him with his more intelligent brother. A child may become depressed because parents demand perfection from him. After receiving a test score, a high school senior asked his teacher why he hadn't gotten a better grade.

"But I gave you an A," the teacher responded.

"I know. But Dad will be furious if I don't get an A + ."

Severe Depression

Deep-seated depression manifests itself in the victim's disinterest in the outside world. This person is unable to function adequately. He or she may lose contact with reality. Moods fluctuate from extremely high euphoria to dark, hopeless despair.

Persons in the euphoric (manic) phase are revved up to the extent that they feel they are on top of the world. They display energy that cannot be contained. During this period an individual may become confused as to propriety or become very disorganized. A woman acquaintance embarked on wild spending sprees during her periods of "high."

Some persons, however, may function well when the manic phase isn't too long or too extreme.

For Edgar Allen Poe severe depression proved fatal because of his addiction to alcohol and drugs. A friend of his wrote this description of his state of mind:

"He walked the streets, in madness and melancholy, with his lips moving in indistinct curses, or with his eyes upturned in passionate prayers (never for himself, for he felt, or professed to feel, that he was already damned). . . . With a face shrouded in gloom, he would brave the wildest storms and at night, with drenched garments and arms wildly beating the wind and the rain, he would speak as if to spirits."

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Symptoms of Depression

Though test charts pinpoint the symptoms depressed persons evidence, we need to look at them more closely.

Apathy/Lethargy

Persons severely "down in the dumps" lack energy to do the simplest tasks. A woman may find it hard to cook the family meals. Shopping becomes frightening. Housework is neglected. A man may have to drag himself off to his job. Work piles on his desk as he broods about the tasks he feels incapable of handling. Some persons refuse to get out of bed, preferring to spend the day in lonely brooding.

Sadness/Hopelessness/Despair

The sadness that depressed persons experience is restricting. They may feel as if they are bound by ropes from which they cannot escape. Or they may feel as if they are locked in a dark closet for which the key has been lost. These people become withdrawn, uncommunicative, fearful.

Insomnia

Sleeplessness may haunt a depressed person's life. He or she may turn and toss fitfully, trying to put out of mind the problems that appear unsolvable. These persons may just as likely fall asleep, only to awaken early in the morning and not be able to go back to sleep.

Changes in Eating Patterns/Loss or Gain in Weight

"Food tastes like so much sawdust in my mouth," one depressed person told me. "Nothing appeals to me."

As a result, this person lost weight at an alarming rate — a symptom that follows disinterest in food.

The exact opposite may take place, however. One woman said. "When I'm blue, I eat. I wish my husband would put a lock on the refrigerator door to keep me from stuffing my face." Weight gain resulted — a common symptom, especially of hidden depression.

Loss of Sex Drive

Loss of sex drive goes hand in hand with loss of energy, lethargy, and disinterest in life in general. Some women become so depressed their menstrual periods cease.

Physical Ailments

Everyone suffering from depression needs to have a good physical examination. The mind and body synchronize good as well as bad health. Constant headaches may result when a person feels low continually. Ulcers, gastrointestinal disorders can result from depression. According to many doctors even allergies, previously foreign to the depressed person, may pop up, or known allergies may intensify.

Unkempt Appearance

Just as a depressed person may neglect house or yard, so pride in personal appearance may suffer. This is particularly true of severely depressed persons. I recall how a woman, usually well groomed, with hair fashionably styled, nails polished, and clothes immaculate, lost all interest in her appearance during a period of severe depression. If I hadn't known better I would not have recognized her as the same woman.

Guilt Feelings

"If only I hadn't said that!" "I was terribly wrong." "God will never forgive me." These admissions may come from depressed persons who feel guilty about something they have done or said. Such a person may never voice his or her guilt,

yet feel it intensely. A wrong acknowledged or unacknowledged may haunt the mind like a cracked phonograph record that repeats itself endlessly.

Fear and/or Anxiety

Fear or anxiety about oneself, one's children, or one's spouse may surface as a symptom of depression. Though the Iranian hostages apparently held up very well during their long captivity, I suspect that there may have been some who grew depressed, lost sleep, or paced the floor in their anxiety.

A person may become anxious for various reasons. Parents sorrow if a child succumbs to the temptation of drugs or alcohol. They may become anxious about the friends their children choose.

Men may fear loss of a job, failure in business, or a bypassed promotion.

Elderly persons often fear becoming a financial burden to their children.

Loneliness

Nothing is so devastating as feeling that no one cares and that one is all alone in a particular situation. Teenagers are especially vulnerable to loneliness. So are the elderly who have watched their peers leave them through death. Nursing-home patients feel lonely, shut off from the world they have known. In many instances adult children intensify that loneliness by their neglect.

Anger and Irritability

Depression in children and teenagers often manifests itself in anger and irritability. They may cry, but they may also strike out at those around them. A very depressed child may turn on a parent and shout, "I hate you!" He or she may shoplift or become involved in playground brawls. These children are calling attention to the fact that they don't know how to cope. They need help. They feel depressed.

During a period of depression after a stroke, my

husband's personality changed drastically while doctors sought to adjust his medications. He struck out at me, the person he loves the most. Unhappy and feeling neglected, he demanded that I take him home from the hospital. I would do so, he said, if I loved him. It wasn't until the medications were regulated properly that this symptom left him.

Others who are unable to cope because they feel depressed may become angry and irritable with persons they love dearly.

Feeling out of Fellowship with God

"I don't believe God loves me. If God loves me, why do I feel so bad?" "I can't believe in God anymore." "I feel damned, eternally lost." You may not believe that these statements come from persons who have known close fellowship with the Lord. They do. Often they come from depressed elderly persons who can no longer read the Word, are senile, or suffer from brain damage of some kind and are unable to rationalize as they used to.

Suicidal Tendencies

A depressed person may express a desire to end his or her life. Or he or she may simply express a death wish. "I wish I could die." "I'd be better off dead." For some persons there is a desperate longing to be free from pain and misery caused by some illness, setback, or sorrow.

Previously it was thought that threats of suicide need not be taken seriously — a person so outspoken would never take his or her own life. But today practitioners take these threats seriously.

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Causes of Depression

In this section, various causes of depression are presented alphabetically; this order has nothing to do with prevalence. Names have been changed to protect confidentiality.

Ambivalence

Ambivalence involves simultaneous attraction to and/or repulsion from an object, person, or action. This dual feeling, which results in indecision and bewilderment, is a symptom of depression.

A clergyman whom I'll call Pastor Joe served a church in a very difficult section of a large southern city. He worked hard trying to reach the people in the area. When he was unsuccessful a few church members began to pick on him. It soon became evident they wanted him to move. But, though the man wanted to leave he felt that God had placed him in the situation. Consequently he felt obligated to stay.

But the needling continued. Pastor Joe began to question his abilities. Perhaps he wasn't suited for the ministry. He had two options, to stay or to leave, and he couldn't decide what to do.

To make matters worse his wife began to nag him. "I was horrid," she told me. "Usually quiet, and serene, I found myself shouting at my husband. 'Make up your mind.' 'Get ahold of yourself.' 'Things won't get any better by moping around as you do.' 'People are beginning to talk.' I finally urged him to see a neighboring pastor trained in counseling."

Birth of a Child

I recall a physician's wife who grew depressed when she

learned that she was pregnant. In her 40s, and with the youngest of her four children a senior in high school, she felt that she had finally reached the age when she could enjoy some freedom. The thought of nine months of confinement, followed by kindergarten, PTA, and everything else involved in rearing a child, left her devastated. Since she would never as a Christian consent to an abortion, she felt caught in a trap from which there was no escape.

In other instances, what is known as "maternity blues" can surface after an infant is born. The mother may suddenly feel that she is incapable of caring for her child. Or, while she carried the baby she may have received a great deal of attention from a caring husband and pleased grandparents. Now, all that attention is lavished on the infant.

Occasionally this "postpartum" depression borders on the psychotic. Though this is the exception rather than the rule, it does happen — in one out of about 450 deliveries, according to one gynecologist. In such a case the mother may reject her husband as well as the infant.

Chemical and Nutritional Imbalance

An editor of a Christian publishing house worried about his mother's living alone. He feared she wasn't eating properly. When questioned, she assured him that she ate as she had always done and that there was no need to be concerned.

One day he found his mother weeping. "What's the matter?" he asked.

"Nothing," she answered. "I just don't know what's got into me. I feel tired and weepy all the time. I have trouble with my bowels, too."

The editor took his mother to her doctor, where he learned she suffered from malnutrition — a just cause for the "weeps."

Just as lack of food can cause depression, too much food or the wrong kind can be harmful. Persons who discovered

they have hypoglycemia admit to bouts of depression before diagnosis and diet adjustment.

We know that suicides and depression are common among alcoholics and hard-core drug users. But abuse of foods, vitamins, aspirin, laxatives, and tranquilizers can also be linked to melancholy. Though some tranquilizers may be used legitimately for short periods of time, prolonged use can prove disastrous.

An Iowa hospital chaplain became so depressed after traumatic events in his family's life that he had a hard time coping with his work. The man's blood pressure soared. A physician prescribed three different kinds of medication. The man's depression deepened every time he took one of the medications.

Conflict and Misunderstanding

The wife of a middle-age man spoke to my husband about the imminent death of her father-in-law. "Bob's dad has held a grudge against him for years. Now that it appears his father won't live, Bob has become terribly depressed. He says the misunderstanding didn't amount to a hill of beans."

"Do you know what caused the rift?" my husband asked.

"Of course. Bob's dad wanted him to stay on the farm, because someday he would inherit it. Bob didn't want to be a farmer. He wanted to move to town and go into business for himself. His father never forgave him. So Bob goes around the house eating his heart out. Will you talk to him?"

Death

We'd think it odd if a person who lost a loved one through death didn't mourn. But sorrow that drags on for months, even years, is unnatural.

A woman who lost her husband years ago remained so depressed she has never been able to cope with life. Where she could have built a new, rewarding life for herself, she grovels in self-pity and begs God to take her "home" to her husband.

The crib death of an infant often causes more devas-

tating grief and prolonged depression than other types of death. The depressed parents may blame each other for imagined negligence — if not openly then silently. “If only —” becomes a self-inflicted lash that parents can’t seem to escape.

Hanging onto grief can have an adverse effect on other members of the family. I recall the case of a daughter killed in an automobile accident a few days before her wedding.

Her mother became so depressed and obsessed by the memory of her daughter that she failed to note that a younger child grieved as intensely as she.

One day several months later, when I listened to the mother read several tributes she had written to honor her dead daughter, I took note of the younger sister who sat curled up in a nearby chair, her eyes brimming with unshed tears.

I sensed grief, but I also sensed bitterness and despair. Had she dared, I believe she would have shouted, “Mother you have me! Don’t I count?”

Following the death of a son in an automobile collision with a cement truck, my daughter, who suffered a brain concussion and multiple injuries, grew so deeply depressed she wanted to die.

Disappointment

A young woman may experience depression when the man she hopes to marry breaks their engagement.

Many women in their late 40s and early 50s have told me about the severe depression they experienced when, after 20 or 30 years of supposedly happy married life, their husbands walked out on them for some younger, more attractive woman.

In her story, “The Lame Shall Come in First,” Flannery O’Conner tells of a young lad’s disappointment in his father, a widower and social worker, who neglected his son to help an incorrigible teenager who cunningly took advantage of the man. Depressed and desperate, the son committed suicide.

Christian parents may become depressed when a child disappoints them and divorces his or her spouse, or when one of the children chooses to live with someone without benefit of marriage or gives birth to a child out of wedlock. They grieve, too, when a child rejects the Christian faith.

Clergymen and other Christian leaders find it very hard to handle such situations when they happen to them. And especially when Scripture condemns similar cases, a minister may feel that he ought to leave the ministry. Doesn't the Bible speak to these issues? "Train up a child in the way he should go . . ." Doesn't the Word suggest that one who is not able to guide and influence his own children ought not assume a leadership role in the church?

One pastor's wife confided, "Charles wept for weeks when he learned that our oldest daughter had divorced her husband for another man. He lashed at himself and me with the words, 'Where did we go wrong?'"

Guilt/Sin

Guilt, real or imagined, takes its depressive toll. Recall the guilt felt by the boy who believed that his friend had been killed because he urged him to gun the car's motor?

Recall the guilt the psalmist experienced because of the sin he had committed? Deeply depressed, he repeatedly asked God to forgive him.

Pseudo Guilt, guilt imposed or inflicted by some other person must be considered, too. One of two sisters who cared for aging parents imposed guilt on the younger when she fell in love, married, and left home. The younger sister began to question her loyalty; eventually she became very depressed. A loving friend was able to help her realize she had done nothing wrong — that marriage didn't mean she was rejecting her parents.

In another instance a young man studied in a particular field — urged on by parents who expected perfection. Unable to measure up to their expectations, he grew depressed, quit school, and began looking for a job. His parents' reaction

made him feel still more guilty. A friend of the family urged the boy's parents to leave him alone and to let him find his own niche in life. Today he's a construction foreman with a reputation any parent could envy.

Loss of Self-Esteem

If one child, let's say a son, is constantly compared unfavorably with his smarter, better-looking, outgoing brother, he very likely will come to believe that he is one big zero. Instead of striving to improve his self-image, he may withdraw and become morose, even belligerent.

But it isn't only children who are demeaned in this way. Recently I was told about a woman who gave birth to twins after a serious operation. Though she recovered from the operation, she found it difficult to cope with two infants. Her husband didn't help the situation. An extremely critical person who boastfully "ruled the roost," he chided her for her unkempt appearance and her sloppy housekeeping. Yet he never lifted a finger to help her. Eventually she suffered such severe depression that she had to be hospitalized.

The loss of a job can cause a breadwinner to feel incompetent. Career advancement of one spouse may cause the other to feel so demeaned and/or defeated that depression takes over. Recently I spoke to a psychologist about a mutual friend who was extremely depressed. We discussed his work, rewarding but not particularly glamorous. His wife, on the other hand, flitted around the country speaking, appearing on talk shows and conducting "involvement" seminars.

"Could this be a contributing factor?" I asked.

"It could," my psychologist friend answered.

A Nov. 1980 *Psychology Today* article titled, "The Perfectionist's Script for Self-Defeat," calls attention to the fact that perfectionists are often prone to depression. Determined to excel, always to be at the top, they do not allow themselves to produce work that is mediocre or simply "good." It must be *best*. When they fail, they lose self-respect; yes, and grow depressed.

An example is given involving students enrolled in the University of Pennsylvania Law School, where Vice-Dean Phyllis Beck and author David D. Burns conducted a "dropout" survey.

Most students were perfectionists who, in high school, stood at the top of their class. When these young people found that they had to compete with others who were also cream-of-the-crop students and learned that their performance would place them somewhere in the middle of the pack, they panicked and grew frustrated and depressed. Many dropped out.

According to Mr. Burns, "They perceive themselves, unrealistically as second-rate persons. Their self-respect plummets, some even contemplate suicide."

As I write this, a professional baseball player has been suspended for having reacted angrily and offensively after a poor performance that brought boos from the fans. Consenting to psychiatric counseling, the player admits to always having been a perfectionist. Mediocrity of any kind sends his ego plummeting. He becomes angry and depressed.

Loss of Health

Not everyone who loses his or her health suffers from depression. A nursing-home resident whose arthritis keeps her from feeding and dressing herself, turning on her television set, or holding a book in her hands, nevertheless remains cheerful.

Yet, most people cannot face loss of health with this woman's fortitude. Pain can be so devastating that the victim is unable to handle it. Fear of the future may trigger depression. So may the loneliness associated with ill health, especially for the person who is confined in a hospital or home.

As health deteriorates, a stroke victim may lose his or her ability to write, to read, or to speak. Longing to communicate, this individual grows depressed.

Often depression grows out of the seeming hopelessness

felt by persons suffering from Parkinson's disease, multiple sclerosis, accidents involving broken backs, or other traumatic health problems.

A friend, a plumber, hit bottom when he suffered from a detached retina. He feared blindness. He feared not being able to handle his job. He grew morose and sobbed uncontrollably.

Retirement Adjustment

Financial worries, ill health, and the feeling of uselessness may cause some retired persons to become melancholy. So do sudden changes in environments. A woman who moved from the East to a retirement facility in California came down with shingles and a bad case of "weeps" shortly after she arrived. She hadn't realized that she'd miss her close-knit family as much as she did.

Retired husbands and wives, accustomed to daily separation connected with work, may have difficulty adjusting to 24 hours of "togetherness." "My husband's always in the way," one woman told me. "I just can't stand his being home all day." Such an attitude may lead to bickering, which in turn can cause ill will and result in depression in one or the other spouse."

I have heard of older persons who grew depressed when they had to give up driving a car.

Forced idleness can also cause melancholy.

Suppressed Memories

A woman recurrently felt depressed because of a traumatic childhood experience. When she and her brother were young, they lived in a foster home where they were treated cruelly.

One day the brother found their deceased mother's photo albums.

As they stood in front of the living room fireplace paging through the books they laughed and cried because of the pleasant memories the pictures evoked. Then the "foster

mother" entered the room. Noting the pleasure experienced by the children, she snatched the albums from them and tossed them into the fireplace flames.

Little wonder that in later years this incident returned to haunt and depress the woman and her brother.

Years ago my husband and I and our two children moved into a house with dusky blue wall-to-wall carpeting. The moment I entered, melancholy engulfed me. Within weeks I became extremely depressed. I lost my appetite and my energy. I also lost an excessive amount of weight. And I wept, though I didn't know why.

In time, the depression subsided. Throughout the experience, however, I had the uncanny feeling that the carpet color was somehow related to my youth.

5

How to Help

You who want to help a depressed relative or friend may wonder what you can do. You may ask, "Where do I start?"

You start simply by demonstrating your love and concern — assuming, of course, that you have earned a place of trust in the depressed person's life. George Eliot stressed the importance of such a stance, saying: "No soul is desolate as long as there is a human being for whom it can feel trust and assurance."

Parents who became depressed when their only son, a teenager, committed suicide, spoke of the love demonstrated by close friends. I asked how they had helped. The mother of the boy answered, "It wasn't so much what they did or said. They just came and grieved with us. My husband and I *knew* that they felt our loss and it comforted us."

If you have suffered depression, you will be able to say honestly, "I know how you feel." You empathize with the loneliness, the shame, the fits of weeping, the creepy feeling of the skin, and the seeming endlessness of it all. However, if you have no idea how a depressed friend or relative feels, don't pretend you do. This need not hinder you from expressing love and concern, however.

Some people cruelly say, "Snap out of it." "Pull yourself together." Recovery isn't that simple.

Whether or not you empathize through personal experience or not, you can lend an attentive ear. Listen! The melancholy person needs a sounding board. But take care lest you extend too much empathy. Be supportive without reinforcing self-pity. The clergyman who couldn't cope with the ambivalence of his situation grew more depressed under his wife's "snap-out-of-it" derision. The counseling he

received from one counselor made matters worse. Bible verses seemed to condemn rather than console.

One day a caring business man from another state wrote and offered the depressed man a job in his manufacturing plant. The offer enabled the minister to decide to resign from his church and accept the position. The change of pace and the loving concern of his friend restored the man's self-esteem. In time he felt well enough to take a position as visitation pastor in the same state.

My husband arranged for a reconciliation between the estranged son and his farmer father. He met with both men privately, thus preparing them to forgive and forget. Then he arranged for them to meet together. The father did a complete turnabout and assumed all of the blame for the misunderstanding. "They literally threw themselves into each other's arms," my husband told me when he related what had happened. As a result, depression ceased to plague the son.

If your loved one has neglected seeing a doctor or if you suspect ill health to be the cause of the depression, suggest a medical examination. A glucose tolerance test helped determine the cause of one woman's depression. In another case a brain tumor proved to be the culprit.

The hospital chaplain, whose depression deepened when he took a certain medication, alerted his doctor to the situation. "Oh," the doctor responded, "I forgot to tell you that depression is one of the side effects of that particular medication."

The lesson: always inquire about side effects of prescribed medications. Today the chaplain not only pays particular attention to his medication, but he's careful about the food he eats. "Good nutrition," he claims, "has restored my well-being."

When a depressed person feels shame, minimize it by indicating the prevalence of the malady in this country. Emphasize the fact that recovery is possible. "This, too, will pass."

Mild bouts of melancholy, someone has said, especially

those related to loneliness, disappointment, fatigue, or stress usually subside as circumstances improve. Most moderate depressions are relieved after 6 to 8 weeks of treatment.

When an individual suffers either mild or moderate depression, a change of pace, a concert, a dinner out, or a new hairdo — anything that is different and uplifting — may help. Try to plan activities in such a way that your friend or relative has something to look forward to. A helping hand around the house or yard, the delivery of a casserole or a loaf of homemade bread, or an offer to babysit the children, will prove you care.

Encourage physical activity. Challenge the depressed person to take a brisk walk, ride a bike, play golf, or bowl. If you are a woman concerned about a depressed neighbor, you may offer to help her clean her house, or to teach her a new craft. Hobbyists should be encouraged to return to their sewing, carpentry, oil painting, fishing, or whatever.

It helps, too, to suggest that your relative or friend think back to the time when he or she felt happy. Ask: What were you doing then? What were you thinking? How did you feel? Encourage recollection.

The woman who moved from the East to a retirement facility in California, cried everytime she thought of family gatherings she missed. When she realized that loneliness for her kin caused her depression and her shingles, she decided that separation wasn't worth the price she was paying. She retraced her steps and returned home to be near her loved ones.

Some counselors advise the depressed person to write a list of things that formerly caused happiness on one half of a sheet of paper; the melancholy thoughts and fears on the other half. Evaluating the two lists honestly may cause the person to realize how much he or she has to be thankful for.

In my book, *It Couldn't Happen but It Did*, I relate the story that a friend named Frances told me about her battle with depression. She was panic-stricken by day and wakeful at night. Her life grew unbearable. Normal activities became

unconquerable monsters; every automobile ride a potential accident. World problems assumed personal identity.

One day while Frances was ironing, she rebelled. "I'm tired of this dark tunnel," she shouted. "God, I want peace!"

She walked to her desk and picked up a pen and a sheet of paper. On the top of the page she wrote: "My sins and my fears." Then with firm strong hand she wrote "And all I can't recall" diagonally across the page.

She took a match from a kitchen cupboard and walked to an outdoor fireplace. There she knelt, struck the match, and lit the paper. As the flames consumed the sheet she repeated Philippians 4:6-7 (RSV): "Have no anxiety about anything, but in everything by prayer and supplication with thanksgiving let your requests be made to God. And the peace of God, which passes all understanding will keep your hearts and your minds in Christ Jesus."

"At that moment," Frances told me, "the peace of God literally engulfed me. I knew I was free."

The recreating of one scene may spark memories of another. This proved true during my discomfort with the dusky blue carpeting. As I looked into my past, I recalled the funeral of a half sister. Then I remembered a snapshot that had been taken in front of our home after the funeral. At once I was able to pinpoint my problem. In the snapshot a younger sister and I stood in front of our mother — wearing, I recalled, dresses she had made for us out of material of the same dusky blue color as the carpeting. Forced to face some very traumatic events that had occurred before my sister's death, I successfully overcame my depression.

An Episcopalian priest helped Anne, the woman who suffered recurrent melancholy because of the burning of her family's photo albums.

In a "healing of memory" session he persuaded her to recreate the scene with Jesus present at her side. "Now retrieve the albums," he told her. "Hand them to Jesus."

Further, he asked her to imagine the foster mother

entering her visionary room. "Tell her you forgive her," the priest said.

Trembling Anne whispered, "I forgive you."

When Anne told me about the experience she said, "After this healing session the album memory ceased to plague me. I no longer brood about the unhappy incident."

In trying to help your friend or relative, be sensitive to your own limitations. Some depressed persons need counsel, advice, and treatment you are unable to give. Clergymen are increasingly equipping themselves to counsel in this area. Yet even they need to sense when it is time to assume a hands-off stance and recommend psychiatric or psychological aid.

If you are responsible for the selection of a therapist, you may want to consult your family doctor, a family health agency, a knowledgeable clergyman, or a mental health center. There are more than 3,300 federally-funded community health centers in the United States. They provide services based on ability to pay. Some communities maintain a 24-hour "hotline" phone service for crisis situations — many of them designed for teenagers, some of whom are runaways or suicidal youngsters.

Some depressed persons refuse to seek outside help because of the stigma they imagine is associated with it. In these cases a family doctor or a clergyman may be more effective than you in convincing the patient that such help is necessary for recovery.

The depressed friend or loved one should be led to understand that a therapist is specifically trained to gain insight into the problem and its underlying cause, and that talking through the problem can restore the individual's perspective and self-esteem.

One of the newest treatments, behavior therapy, strives to retrain or recondition depressed persons. It is designed to change personality traits, attitudes, and neurotic behavior so that the patient regains incentive and optimism needed to live a worthwhile life. Therapy involving roleplaying can be equally effective.

In some instances the patient is taught to relax body muscles and to visualize any number of scenes that cause him or her to feel dejected. Often some kind of a reward is given after each successful recollection, to stimulate further participation.

Children who are depressed ordinarily reflect a disturbed family, abuse, a feeling of worthlessness, and/or a lack of love. Therapists try to pinpoint the problem and in many instances involve other family members in the counseling sessions.

It wasn't until a therapist helped my daughter understand what an important role she played in the lives of the other children in the family, that she recovered. A Christian doctor and his wife constantly reinforced her worth. In seeking God's help she finally learned to forgive herself.

Nothing but professional counseling helped the boy who admitted that he had considered suicide because he felt responsible for his friend's death in an automobile accident.

Every depressed person undergoing psychiatric treatment, whether as an inpatient or an outpatient, is involved in some kind of psychotherapy. In some cases these sessions are relatively short and focus on how to cope with everyday living. In other instances it takes more time for the therapist to probe into the patient's past in trying to understand the cause of the depression. Since each case is different, the therapist will select the type of treatment he or she feels will prove most beneficial. In some cases group therapy is recommended.

Parents who have suffered depression as a result of the crib death of a child often admit to having received the most help in group therapy. There they meet and openly discuss their sorrow, bitterness, and suspicions with parents whose infants died a similar death. They voice blame and shame. They confess to faltering marriages as a result of the trauma and guilt they feel.

One couple said, "We would never have made it if we hadn't had the support we received in group therapy."

When my plumber friend failed to recover from his depression he suffered as a result of his detached retina, his doctor recommended group therapy in a city some miles away. Of his experience in group therapy the man says, "At first I couldn't imagine speaking openly about my problems in front of total strangers. But when I heard others say they felt the same despair I did, I opened up. I listened to suggestions and provided some of my own.

Uninformed persons are often fearful of psychiatric medications. When properly used and in the correct dosage, they can help a depressed person function more effectively. Sometimes two or three different medications may be tried before the one that helps is determined. Included in the list of antidepressants most commonly used are: Trofanil, Elavil, Anafranil, and Sinequan. It has been estimated that 80 percent of the persons who suffer major depressions received virtually complete remission with one or more of these drugs. As we have already noted there are side effects that you should ask about.

Lithium carbonate is used widely and with great success in treating manic-depressive individuals. Electroconvulsive therapy (ECT), often referred to as shock therapy, is also used in the treatment of severe depression when nothing else helps, when intense suicidal drives surface, and when antidepressants prove unsuccessful.

In this type of treatment the patient is hospitalized and given an anesthetic and a muscle-relaxing drug. Then an electrode is placed on one or both sides of the head. A single pulse or electric current that lasts only a fraction of a second is sent into the brain. The patient regains consciousness within a few minutes.

No one is quite sure why electric shock treatments prove successful. Some professionals believe the brain is shaken so that normal thought process is restored. Others believe the shock somehow turns off the mind and prevents the patient from thinking about whatever has been problematic.

Though there is a great deal of controversy about the use

of ECT, the American Psychiatric Association says, "It is not only relatively safe, it has the great advantage of terminating an episode of depression very quickly — sometimes in days and almost always within a month. With carefully selected cases electric shock has proved approximately 90 percent effective. Following treatment there is usually full return of judgmental capacity."

But there are instances when depression recurs and ECT needs to be repeated. Such was the case of a friend who suffered prolonged depression that eventually caused him to take his own life. I called his wife recently to verify facts connected with her husband's depression. Note the question and answer interchange.

Q. What caused Dan's depression? Wasn't some kind of accident involved?

A. Yes. He broke his arm badly in a skiing accident. The arm refused to heal. At the end of two years Dan had become very depressed about the whole thing.

Q. How long did the depression last?

A. Some 40 years.

(I had known it was a long time, but I hadn't realized that so much time had elapsed.)

Q. How did his depression affect your life?

A. We didn't have much of a social life. Dan was given to fits of weeping. Or, when we did go out, he'd hide in a corner and refuse to socialize. Most often when I suggested an outing he'd say, "I don't want to go." You know how much I enjoyed playing golf. Well, eventually that had to be halted, too.

Q. In what category did therapists place his depression?

A. They said he suffered what is known as manic-depressive psychosis. In time we had to resort to electric shock treatments. They brought him out of the depressive stage and for a period of time he'd be cheerful and full of energy. Then he'd become terribly depressed again.

Q. How did your friends react?

A. Many showed sympathy and concern. Others, because of ignorance or a feeling of helplessness, withdrew. For the most part it was a lonely life. As the years passed I became very confined. My sons and my sister's family were extremely helpful, though distance prevented them to do all they would have liked to.

Q. Had Dan ever talked about suicide?

A. Never, except to express love and concern when it happened to a friend we knew. Once one of his psychiatrists did warn me that this might happen. But, I didn't believe him. Dan was the last person in the world one would expect to do such a thing. He loved the Lord. When he felt in good spirits he quoted Scripture endlessly. I marveled at his memory. But, during his long periods of severe depression, especially toward the end of his life, he wondered if God loved him; if he could possibly have grieved the Holy Spirit.

Q. That's common with the elderly who are depressed, isn't it?

A. I've been told so. Yet I never believed that those thoughts would lead to suicide. I was shocked when I found him in the garage, where he had hanged himself.

Q. Pam, how has the experience affected you? What have you learned over the years?

A. Patience! And empathy and concern for others who find themselves in my position. The person who loves and cares for a severely depressed person needs a great deal of support — and *faith*. I know I couldn't have survived had it not been for my firm faith in Jesus Christ. I found comfort in the Word, in prayer, and in the gospel songs I love.

This may be the place to speak about suicide, which is often a direct result of depression. Suicide has horrified people through the ages. Someone has said, "All animals kill, but only man decides to take his own life." We who are

Christians believe that the Lord gives and takes away. Consequently we feel that suicide is not our option.

Over 20,000 commit suicide each year in the United States — one every 24 minutes. Twice as many may never be reported. Some figures indicate that every year over a million people attempt suicide. Most of them suffer from depression. Three times as many men as women take their own lives. But three times as many women make unsuccessful attempts.

The suicidal person feels worthless, alone, and abandoned as he or she swallows a handful of pills, fires a gun, turns on the gas, or, in an enclosed area, the automobile motor. According to a Harvard Medical School psychiatrist, most of these individuals feel totally isolated from friends, family, community, and church.

Therapists detect suicidal tendencies in withdrawal, inordinate fear, bizarre behavior, suspicion, terror, or panic. Most likely candidates are drug addicts, alcoholics, and persons suffering painful organic diseases.

Young as well as old commit suicide. According to some statistics, suicide is second to accidents as a cause of college age deaths. In one study in which therapists talked to small groups of up to 100 children of school age who had emotional problems, almost 70 percent reported thoughts about or even wishes for their own deaths. Twenty-seven percent had thoughts of killing themselves.

I found this difficult to believe until I read some of the case histories presented in the book, *Symposium on Suicide*, edited by Dr. Leon Yochelson, Department of Psychology, The George Washington School of Medicine, Washington, D.C.

Let me illustrate:

Howard, 9, was deserted by his father and lived with his unhappy mother, who beat him and his sister for their repeated disobedience and destruction. Howard attempted suicide unsuccessfully twice. The first attempt followed a severe whipping by his mother.

Barry, 11, a battered child, was cruel to other children in the child care institution where he was placed. He was unable to function in any type of competition. When his teacher asked him to stay in the classroom and participate in a spelling bee, he tried to kill himself by jumping out of a window.

Kermit, dull and depressed after the death of his mother from diabetes, thought that eating a bowl of sugar would cause him to die.

Suicide among persons in mild depression is minimal. Yet there are instances where quiet, seemingly stable persons with few problems go berserk and take their lives. We often read of such incidents. One such person killed his wife with a sledgehammer, then hanged himself.

Newspapers tell of so-called well-behaved high school and college students who commit suicide, having hidden their depression under a mask of quiet behavior and false self-sufficiency. This was true of twin sons of a wealthy Columbus, Ohio, doctor who took their lives in a dual suicide pact.

Nothing, it seems, is as destructive and depressive to loved ones and friends. They chastise themselves for not having been aware that something was wrong.

In speaking about the suicide of his drug-addict teenage daughter, Art Linkletter urges parents not to whip themselves with blame. Instead of wallowing in self-condemnation and depression, he is actively pursuing ways in which he can prevent other teenagers from following in his daughter's footsteps.

It helps if we who stand by can get loved ones to discuss openly how they feel. When our friend Dan took his life, both his son and his wife telephoned my husband and me immediately. They made no attempt to hide the fact that Dan had destroyed himself. Consequently we felt free to talk and to offer comfort and consolation.

None of us can judge. I believe that Dan wasn't responsible mentally for his action. I believe that he went to be with the Lord he loved and served so faithfully when he was well. But this isn't true of all persons who end their lives. God alone knows their spiritual state.

What frightens me is that suicide is fast becoming an acceptable life-concluding option. Recently I viewed a television talk show that featured an organization that encourages suicide by coaching individuals in methods of self-destruction. Here we get into the area of deliberate defiance of God's law. One could even call it murder on the part of the one who does the coaching.

In the future, society — parents in particular — will be urged to teach children to achieve realistically, to do their best without demanding perfection, and to accept themselves as they are, with the gifts God gave *them*.

Cognizant of abilities and aptitudes, parents will need to avoid trying to mold their children to their own images.

Since no one is immune to depression, it is hoped that society (and that includes the Christian church) will erase forever the word *stigma* from its vocabulary when it comes to depression and that *support* will replace *suspicion*.

When asked about his work with depressed persons, Dr. John Maurer, a psychiatrist, said, "When I first began my practice, I dreaded treating depressed persons. Recovery took such a long time. Now I enjoy working with these people. New methods of treatment coupled with a variety of helpful medications will shorten the period of recovery and prevent recurrences."

Though the outlook is good, we who are Christians, ought not relax our vigilance or refuse to become involved with depressed friends and loved ones. We need to demonstrate love and concern. "They will know we are Christians by our love!" (Cf. John 13:35)

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with priorities and values. In essence it is a losing of life to gain new life."

Someday you may realize how much you have matured as a result of your own problems. The writer of Ecclesiastes believed that there is redemption in sorrow. He said, "Sorrow is better than laughter, for by the sadness of the countenance the heart is made better" (Eccl. 7:3 KJV).

It isn't through hilarity, through "fun and games," but through trials and testings that we become more mature, caring persons.

In Keith Miller's book, *A Habitation of Dragons*, a 40-year-old woman tells of her life as an orphan to a group of persons with whom she met for spiritual fellowship. Shunted from one foster home to another, she finally was placed in a home where she believed she would be adopted. But one day she came home from school to find her suitcase and belongings in the center of the living-room floor. She knew at once that she had been rejected again. This happened several times.

When the group gasped, thus expressing their dismay, she raised her hand. "Don't," she said with a confident smile. "I needed my past. You see, it brought me to God."

Now that all this has been said regarding a depressed person's care, we come back to the fact that you, who are the individual most concerned about his or her condition, need to focus on your own needs. The burden of responsibility can cause you to become depressed.

A woman who knew that I was writing this booklet called from a neighboring town to ask if she could come and talk to me. I knew that she was concerned about an adult son who had become severely depressed. But I didn't know how close to the brink of depression she admitted to be living.

As we talked, I advised her to apply the same principles of recovery to herself that she would recommend to her son. I also suggested that she speak to a clinical psychologist, a Christian, in the area. I knew that he would be able to help her.

Do you recall the answers my friend gave me when I asked her how she coped during the 40 years she cared for her depressed husband? She admitted that her Christian faith provided the greatest support. When down, she withdrew to a quiet spot and poured out her heart to God.

Later she told me that her garden helped her cope. "On the darkest days, I turned to its care," she said. "Somehow the planting, weeding, and tending flowers, gorgeous in their varied hues, soothed my distraught spirit."

You, too, will find respite in activity, be it gardening, housecleaning, sewing, fishing, or bowling — all of which involve a change of pace.

Often when I feel blue because of my husband's nursing-home confinement after a severe stroke, I turn to a relatively new hobby, oil painting. And the very fact I faced a deadline for completing this manuscript, forced to me to forget my own problems and focus on those that other people are experiencing.

Turn often to the Bible. Read the comforting passages you encourage your loved one to read. Force yourself to pray. When praying proves difficult, allow the Holy Spirit to intercede for you. Don't hesitate asking your pastor to call. Tell him about the problems you face. Allow him to comfort and encourage you.

If you are musically gifted, play or sing hymns that console. Listen to televised concerts and to records, or to selected radio stations. They will soothe your soul.

Don't withdraw. If need be, hire someone to "sit" with your depressed relative or friend, so that you can shop and attend church or an occasional social function.

Most important: *will* not to become depressed.

I must admit that tears flow freely on some days when I return home after visiting my husband in the nursing facility. I'm not ashamed that they do. This is a natural reaction.

But I know that I must dry those tears. I force myself to think specifically of persons whose lot in life is far more

devastating than ours. In doing so I *will* not to become depressed.

You can do that, too.

You may not react as the woman in *Habitation of Dragons* did. But, looking back, you may someday say of your particular experience, "It made me a more mature, concerned individual. It brought me closer to God."

7

Tomorrow's Hope

Though great strides have been made in the diagnosis and treatment of depression, much more remains to be done. Supported by the National Institute of Mental health, Public Health Services, and the private sector, research continues. Of chief concern: diagnosis, treatment, and more precise category delineation.

According to all indications, therapists will look for changes in a person's behavior, nutritional and chemical innovations, and family susceptibility. No doubt therapists will follow through on their belief that a biochemical test may prove successful in identifying suicidal risks.

Work has begun in developing fast-acting drugs effective in a wide range of depressions. Several researchers are testing *endorphins*, opiate related drugs, that affect a person's perception and/or feelings of pleasure and pain. In some experiments depressed persons have been helped in a matter of minutes, with relief sustained for several days, sometimes several weeks. At present, endorphins are out of reach financially. Everyone involved admits that it will take a vast amount of research and testing before the drugs are approved.

Today's emphasis is being placed on the role families can play in preventing depression, in the need to affirm and love, rather than neglect and demean. On one of his talk shows, Phil Donahue assumed a preacher's stance in this matter. In essence he said, "I'm convinced that the first three years of a child's life determine his or her future. If cuddling, love, and attention are withheld, these children stand a good chance of becoming depressed and violent. When they are teenagers, many will be out on the streets clobbering old people."

6

Focus on Faith

So far we have dealt chiefly with concern for a depressed person in terms of medical and psychological care, but also with love and concern that can be evidenced by those who are directly involved with depressed friends and relatives. "By this all men will know that you are My disciples, if you have love for one another" (John 13:35 RSV).

Scripture

Now we turn to the mandate that involves concern for the faith of the depressed friend or relative. If he or she is not a Christian, present Christ — but not in a Pollyanna everything-will-be-great-immediately way. Prove through Scripture that God's love extends to all people. He sends both sunshine and rain. And He holds the umbrella when it rains. Let your friend know that this is true. In many instances he or she may be more willing to listen because of his or her inability to handle the depression. Such persons may turn to the Scriptures for comfort.

Faith is therapeutic. A Christian psychologist said, "It has been proved that individuals who cope poorly with depression lack faith that can fortify them in their suffering. A victorious copier has faith that provides strength in time of crisis."

Reinforce personal worth. God made man, and what God created cannot be thought of as worthless.

God so loved the world, that He gave His only-begotten Son, that *whosoever* (insert your friend's or relative's name) believeth in Him should not perish, but have everlasting life (John 3:16 KJV).

Charles Humbree is quoted as having said: "To live by

the love of Christ and to accept Him into our lives is to turn a giant floodlight of hope into the valleys of trouble."

Encourage your friend or loved one to make a personal commitment to Christ.

If we confess our sins, He is faithful and just to forgive us our sins, and to cleanse us from all unrighteousness (1 John 1:9 KJV).

I have always loved John Donne's poem, "Hymn to God the Father," in which he pleads forgiveness for his sins.

Wilt thou forgive that sin where I begun,
Which was my sin, though it were done before?
Wilt thou forgive that sin through which I run
And run still, though I deplore?
What thou hast done, thou hast done;
For I have more.

Wilt thou forgive that sin which I have won
Others to sin, and made my sin their door?
Wilt thou forgive that sin which I did shun a
year or two, but wallowed in a score?
What thou hast done; thou hast done;
For I have more.

I have a sin of fear, that when I've spun
My last thread, I shall perish on the shore;
But swear by thyself that at my death thy Son
Shall shine as he shines now and heretofore;
And having done that; thou has done;
I fear no more.

Discuss the pain and suffering that Christ experienced and show how it enables Him to empathize with us.

Since He Himself has been through suffering and temptation, He knows what it is like when we suffer....and He is wonderfully able to help us (Heb. 2:18 *The Living Bible*).

Encourage prayer. "Is anyone among you suffering? Let him pray" James 5:13 (RSV). One psychologist says that he encourages depressed persons to pray with no other intent

but to adore and worship God. (Without mentioning personal needs.)

In my booklet, *Help for Persons with Strokes*, I suggest that the person caring for a stroke victim use the Psalms as prayers when praying becomes difficult. This is also good advice for depressed persons. Remember, too, what Romans 8:26 says.

The Spirit helps us in our weakness; for we do not know how to pray as we ought, but the Spirit Himself intercedes for us with sighs too deep for words (RSV).

Music

A depressed person may find a musical instrument a comfort in time of stress. One woman said, "When I feel blue I go to the piano and play the great hymns of the church, or hymns I recall from my youth. I always come away blessed."

Someone else may find classical music comforting and uplifting. Brisk marching music has merit, too.

Because I am not gifted musically I often read or try to recall hymns that speak to me of God's watchful care and concern. I particularly like a translation of a Swedish hymn that begins, "Why should I be anxious? I have such a Friend."

Were I depressed I would avoid much of the so-called "rock" music, lyrics of which are often depressing because they underscore woe, melancholy, and hopelessness.

Involvement

Encourage your friend or loved one to divide tasks into manageable segments and to tackle them one at a time. I learned that lesson when I cared for my husband after his serious stroke. I verbalized it in a simple poem: "I have learned/I can ride/the crest of life's storms/if, with God/at the helm/I strive/to confront/only the squall/of the present hour."

Try to involve your friend and loved one in some meaningful service for others. A chapter in my book, *Looking Ahead (The Realities of Aging: Face Them with Faith)*, is

titled "Help Yourself by Helping Others" because it speaks to this issue and lists person after person who has found creative avenues of service to others.

Something as simple as visiting a sick neighbor or writing a letter to a friend or grandchild can be therapeutic.

Encourage depressed persons not to isolate themselves. They need to associate with other people. Do what you can to get them to mingle with others even if it means that you must accompany them to go shopping, to church, or to social functions.

Emphasize the fact that healing is the "function of a regenerated will," as one psychologist put it. He claims that "when a person moves from involuntary reaction to voluntary participation, healing takes place." Recall the story of Frances? When depression became intolerable she said, "I *will* be made whole!"

Spiritual Rewards

I believe "God does not will what grace cannot keep." Let your friend know that this is true. Sorrow, pain, yes, even depression can be considered a blessing from God, *if* we use it for good. That's the secret.

I recall a *Saturday Evening Post* cartoon that carried the caption, "What would you do?" The text told of an artist who had rented a country cottage for the summer. When he arrived he found the living room blemished by a huge jagged crack that extended diagonally across a plastered wall.

In answer to the question caption, the story goes on to tell that the artist transformed the wall. On it he painted a country storm, wind whipping ominous clouds, trees, and grass. The jagged crack became a brilliant streak of lightning that lit the dark, threatening sky. He made a piece of art out of something lacking beauty.

Help your friend or loved one realize that depression can be used profitably, too. "It is sometimes a gift from God," a Christian psychologist claims. "For one thing, it provides time to suppress hostility and time to come to grips